

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/594053

10/594053

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
4								54					
5								55					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5												
TOTAL DEP.	9												
TOTAL CLAIMS	12												